

Students Name: \_\_\_\_\_



Amory Christian Academy

### Social Media Release



@acalion76

( ) **Yes**, I give permission for videos and photos of my child(ren) to be used in various social media accounts for school purposes only.

( ) **No**, I do not give permission for videos and photos of my child(ren) to be used in various social media accounts for school purposes only.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Amory Christian Academy Discipline Agreement

( ) **Yes**, I will allow the school to administer Corporal Correction to my child as a form of discipline

( ) **No**, I prefer that the school not administer Corporal Correction to my child as a form of discipline

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Student Pick-up

Our Policy at Amory Christian Academy concerning student pick-up is to only allow a child to leave our campus with someone who is a school parent or who is authorized by a school parent. No one else will be allowed to pick up your child unless you call our school office the day an alternate is to pick up your child. Also, the persons drivers license must be presented when your child is picked up.

Authorized Person(s) other than parents

Name	Relation to student	Phone number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# All Sports Trips and Field Trips 2022-2023 Calendar Years

## Permission and Waiver Form

I/We, understand that transportation will be by **Amory Christian Academy**

And we are in accord with the purposes of and procedures governing the trip. We hereby grant permission for our son/daughter to participate. We understand that adequate and appropriate supervision will be provided.

In the event of an injury requiring medical attention, I hereby grant permission to the supervising teacher(s), coach, or staff (including volunteers) to attend to my son/daughter. If the injury warrants further medical attention, I expect every efforts to contact me are unsuccessful, I grant permission for necessary medical treatments to be given. In addition, I hereby give my permission to the supervising teacher(s), coach, or staff (including volunteers) to take my child to the physician, dentist or to the hospital if an accident or serious illness occurs on the trip and I cannot be located.

We recognize, however, that unanticipated situations and problems can arise on any trip, school sponsored or otherwise, which situations or problems are not reasonably within the control of the supervising teacher(s), coach, or staff (including volunteers). We further agree to release and hold harmless the Amory Christian Academy School Board, its agents, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, cost, interest and expenses, (including attorneys' fees and cost) arising from such activities, including any accident or injury to the student and the costs or medical services, or any cause beyond the control or Amory Christian Academy, including, but not limited to, natural disasters, civil disturbances, acts of terrorism, and wars.

In the event that a student must return to Amory Christian Academy Independently for reasons of health, accident, failure to conform to rules established by the teacher or coach in charge, etc. we agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses. This permission slip also serves as a contract that the student and parent(s) understand and agree to the guidelines from each teacher as to making up missed assignments.

Student Name (Please Print): \_\_\_\_\_

Parent or Guardian Name (Please Print): \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mom Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Dad Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

If the sports trip or field trip involves recreational swimming please indicate your child's swimming Level:

Expert       Intermediate       Beginner       Cannot Swim

Please check below IF your child is allergic to:

Bee Stings    Nuts    Dairy    Latex    Other \_\_\_\_\_

Please check below IF your child has:

Asthma    Diabetes    Kidney injuries    Seizure Disorder    Heart Condition

Please list any other Medical Condition: \_\_\_\_\_

Required Medications: \_\_\_\_\_

If the student requires medication, I understand that I am obligated to ensure that the medication be provided and a Medication Authorization Form is on file with the school. If ordered by the student's physician an EpiPen must be provided for all field trips.

**Flip Over** ➡

# Student Insurance & Emergency Contact Information

All sports trips and field trips 2022-2023 Calendar years

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_ Male \_\_\_ Female

Home Address: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #/ ID: \_\_\_\_\_

Policy Holders Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

In an emergency, please contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Please send proof of insurance copy front & back of insurance card**